

ROSEBUD COUNTY
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

The information contained on this form is sought in good faith.
It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law.

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On **each** sheet write your name and job title for which you are applying. You may submit a legible photocopied application. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date in ink each application you submit. **LATE, INCOMPLETE or UNSIGNED applications will not be considered.**

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted (supplement questions, transcript, Employment Preference Form, etc.); (b) where to submit your application; (c) the required special qualifications or licenses; and (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations**. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed.

Employment Preference: The Veterans' Employment Preference Act and the Persons with Disabilities Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an Employment Preference Form, available through your local Montana Job Service. The applicant must indicate at the bottom of page one of this application form that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service.

- | | |
|---|--|
| <p>1. Name _____
 <div style="text-align: center;">Last First MI.</div> Social Security No. _____
 Address _____
 <div style="text-align: center;">Street</div> _____
 <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> Phone No. _____
 <div style="display: flex; justify-content: space-between;"> Work Home </div> </p> | <p>2. What position are you applying for?
 (See Job Vacancy Announcement.)
 Department _____

 Position Title _____

 Job Location _____</p> |
|---|--|

3. My signature below certifies that all information on this and all attached pages (checked below) are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with the County or, if hired, may be grounds for termination at a later date. Employers may be contacted as references. In the spaces below, I have checked attachments, including those required in the job announcement.

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Responses to Supplement Questions | <input type="checkbox"/> Transcript | <input type="checkbox"/> Typing/Ten-key Certification |
| <input type="checkbox"/> Employment Preference Form/Documentation | <input type="checkbox"/> Resumé | <input type="checkbox"/> Additional Employment Experience |
| <input type="checkbox"/> Other (specify) _____ | | |

SIGNATURE: _____ **DATE SIGNED:** _____

4. **EDUCATION:** You may respond to this section on a separate sheet of paper (on each sheet write your name and job title for which you are applying) if all relevant blocks are completed and the same format is followed.

High School Name and Address:

Received Diploma or Equivalency Certificate? ☐ Yes ☐ No If "No," enter highest grade completed _____

College, University, Other Schools & Training Courses Name and Location	Dates Attended	Degree/ Certificate Received?	Degree/ Certificate Date	Major, Minor Field	Credits Earned- Indicate Quarter or Semester Credits
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5. List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)

[illegible]

6. List other skills, education, experience and abilities below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)

7. **EXPERIENCE:** List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. **Begin with your present or most recent experience.** Include military service that would help you qualify. You may continue this section on a separate sheet of paper if all the same format is followed. Include your name and the job title for which you are applying on each sheet.

This information must be completed even if a resume is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer? ☐ Yes ☐ No

Name & Complete Address of Employer

Your Job Title _____

Type of Business _____ Dates Employed _____ / _____ to _____ / _____

Immediate Supervisor(s) _____ Phone No. _____
Avg. Hrs. Per Week _____ Total Time Employed _____

Yrs/Mo

☐ Full-time ☐ Part-time ☐ Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, accomplishments

Reason for Leaving: _____

Name & Complete Address of Employer

Your Job Title _____

Type of Business _____ Dates Employed _____ / _____ to _____ / _____

Immediate Supervisor(s) _____ Phone No. _____
Avg. Hrs. Per Week _____ Total Time Employed _____

Yrs/Mo

☐ Full-time ☐ Part-time ☐ Volunteer

Describe your duties including knowledge, skills, abilities required, employees supervised, accomplishments

Reason for Leaving: _____

7. EXPERIENCE *Continued...**Name & Complete Address of Employer*

Your Job Title _____

Type of Business _____ Dates Employed ____/____/____ to ____/____/____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs. Per Week _____ Total Time Employed _____

Yrs/Mo

☐ Full-time☐ Part-time☐ Volunteer

Describe your duties including knowledge, skills, abilities required, employees supervised, accomplishments

Reason for Leaving: _____

Name & Complete Address of Employer

Your Job Title _____

Type of Business _____ Dates Employed ____/____/____ to ____/____/____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs. Per Week _____ Total Time Employed _____

Yrs/Mo

☐ Full-time☐ Part-time☐ Volunteer

Describe your duties including knowledge, skills, abilities required, employees supervised, accomplishments

Reason for Leaving: _____

--READ CAREFULLY--**Do Not Write On This Page**

Please make sure all required information is included (see job vacancy announcement).

- 1. Did you sign and date your application?**
- 2. Have you read the job announcement to see what attachments must be submitted?**
- 3. Have you checked boxes in Section 3 to indicate what attachments you have included?**
- 4. Did you indicate the specific Position Title and Position Number in Section 2?**
- 5. Did you include a complete address for each employer listed in Section 7?**
- 6. If you are claiming Veterans Employment Preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation?**
- 7. Did you attach all the application materials required by the vacancy announcement?**

EMPLOYMENT PREFERENCE FORM

Name _____ Social Security Number _____

Position Applied For _____
Job Title Position No. Department Name

To claim preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to apply employment preference. Applicants hired by the state will have this information placed in a separate confidential selection file. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

☐ **A Veteran, if**

1. you have been separated under honorable conditions, **AND** have served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or have been a member of the Montana Army or Air National Guard who has satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

☐ **A Disabled Veteran, if**

1. you have been separated under honorable conditions from military duty, **AND**
2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

☐ **The spouse of a disabled veteran** if the veteran's disability prevents him/her from working.

☐ **The unremarried surviving spouse of a veteran or disabled veteran.**

☐ **The mother of a veteran, if**

1. THE VETERAN died under honorable conditions while serving in the Armed Forces, **OR** THE VETERAN has a service-connected, permanent, and total disability, **AND**
2. YOUR SPOUSE is totally and permanently disabled, **OR** YOU are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference** you must be (check one of the boxes below):

☐ **A person with a disability** certified by PHHS, **OR**

☐ **The spouse** of a totally (100%) disabled person certified by PHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. In the box below, check the attachment you have included to document your eligibility for employment preference.

☐ DD-214 showing the character of discharge

☐ Service-connected disability letter

☐ PHHS Disability Certification

☐ A document issued by the Office of the Adjutant General of the Montana National Guard certifying service.

SIGNATURE (typed or written): _____

DATE SIGNED: _____